

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 7736 Main)

File No. 36663
Registered No. 36663
St. Ward

2. FULL NAME Mrs. Mary Jane Maasen

(a) Residence, No. 7736 Main St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard J Maasen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1891

7. AGE YEARS 46 MONTHS 4 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Thomas Bull

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Sarah McFadden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Bernard J Maasen (ADDRESS) 7736 Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 10/13/37

19. UNDERTAKER Quirk & Tobin Co. (ADDRESS)

20. FILED Oct 12 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1937 to Oct 11 1937

I last saw her alive on Oct 11 1937 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Oct 9 37

Other contributory causes of importance:

Name of operation Clinical Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) D. W. Fair M. D.
(Address) 404 1/2 W 75th St N. C. Mo

NOV 24 1948